STATE OF NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT DIVISION OF WAGE AND HOUR COMPLIANCE

Application for Permit to Maintain Payroll Records Outside of New Jersey

Name and Address of Employer for which Permit is requested:		County	
		Telephone #	
		Fax#	
Federal Employer Identification Number (FEIN) 2. Name and Address of Out-of-State Location where records will be maintained (if different from above):		E-mail Address	
		Website Address	
		County	
		Telephone #	
		Fax#	
		E-mail Address	
		Website Address	
3. Establishments in New Jersey for which request is being made (Note: leave blank if not applicable):			
Name and Address Phone #	<u>Fax #</u>	E-mail Address	Website Address
1)			
',			
2)			
3)			
4. Pay Period Ends (Day of Week)	5. Scheduled Payday (Day of Week)		
6. Method of Payment (Circle One)	7. Describe forn etc.)	n of record keeping (time card	ls, ADP payroll,
Check Cash	010.7		
Oneok Ousin			
I certify that all payroll records will be made available in the State of New Jersey upon request to authorized representatives of the Department of Labor and Workforce Development within 10 days of request. Furthermore, I certify that to the best of my knowledge and belief, all statements in this application are true and correct.			
Signature and Title of Authorized Representative			Date